



Application No. (if known): 10/560,542

Attorney Docket No.: 64649RCE(70904)

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on October 14, 2010
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Dawn E. Grimes

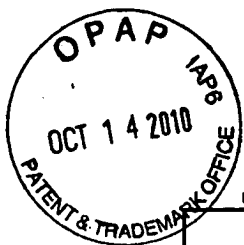
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Registration Number, if applicable

(617) 517-5534
Telephone Number

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Request for Continued Examination Transmittal (2 pages)
Fee Transmittal (2 pages)
Petition for a One-Month Extension of Time (2 pages)
Copy of Amendment After Final Rejection filed on September 14, 2010
Return Receipt Postcard
Charge \$940.00 to deposit account 04-1105



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2009

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 940.00

Complete if Known

Application Number	10/560,542-Conf. #5176
Filing Date	December 13, 2005
First Named Inventor	Katsushi Ohizumi
Examiner Name	Dzenski, Marc A.
Art Unit	2481
Attorney Docket No.	64649RCE(70904)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims - 101 or Extra Claims x Fee (\$) = Fee Paid (\$) Multiple Dependent Claims
HP = highest number of total claims paid for, if greater than 20. Fee (\$) Fee Paid (\$)
Indep. Claims - 3 or HP = Extra Claims x Fee (\$) = Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

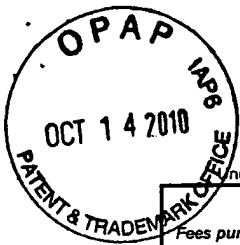
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets / 50 = Number of each additional 50 or fraction thereof x Fee (\$) = Fee Paid (\$)
(round up to a whole number)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge):	<u>Fees Paid (\$)</u>
Extention for response within first month	130.00
Request for continued examination (RCE) (see 37 ...)	810.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	34,901
Name (Print/Type)	Kathryn A. Piffat, Ph.D., Esq.	Telephone	(617) 517-5516
		Date	October 14, 2010



COPY

PTO/SB-47 (10-08)
Approved for use through 09/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number	10/560,542-Conf. #5176
		Filing Date	December 13, 2005
		First Named Inventor	Katsushi Ohizumi
		Examiner Name	Dzenski, Marc A.
		Art Unit	2481
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	64649RCE(70904)	
TOTAL AMOUNT OF PAYMENT		(\$)	940.00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>04-1105</u>
Deposit Account Name: <u>Edwards Angell Palmer & Dodge LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

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Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
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SUBMITTED BY			
Signature	<u>Kathryn A. Pifat, Ph.D.</u>	Registration No. (Attorney/Agent)	34,901
Name (Print/Type)	Kathryn A. Pifat, Ph.D., Esq.	Telephone	(617) 517-5516
		Date	October 14, 2010